

09/08 9856

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 889856	RECEIPT DATE:	07 / 23 / 01
IA NUMBER:	PCT/ FR00 / 03230	IA FILING DATE:	11 / 21 / 00
FAMILY NAME:	CUNCHON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	FRAMCOIS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 23 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	T2147-907330	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000	TELEPHONE 0000000000	FAX
NAME:	EDWARD J KONDRAKCI		
	MILES & STOCKBRIDGE		
STREET:	1751 PINNACLE DRIVE SUITE 500		
CITY:	MCLEAN		
STATE/COUNTRY:	VA	ZIP:	221022144
EMAIL:			
APPLICATION TITLES:	COMPUTER DEVICE FOR MAKING SECURE MESSAGES AT A NETWORK LAYER		

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 1182

SERIAL NUMBER 09/889,856	FILING DATE 07/23/2001 RULE	CLASS 380	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. T2147-907330
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**APPLICANTS**

Francois Cunchon, Magny les Hameaux, FRANCE;  
 Martin Rene, Bures sur Yvette, FRANCE;  
 Tran Minh Lap, Montmagny, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/FR00/03230 11/21/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 99 14755 11/23/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FRANCE	9	6	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

Miles & Stockbridge  
 Suite 500  
 1751 Pinnacle Drive  
 McLean ,VA 22102-3833

**TITLE**

Computer device for securing messages in a network layer

6/A

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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